

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29269

Name of *Marion Reeves*

Town of

Registration District No. *370.5*Registered No. *45*
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child *Olivia Cromwell Thompson* Child is not yet named, make supplemental report as directedDATE OF BIRTH *April 25, 1923*
(Month) (Day) (Year)

FATHER.		MOTHER.	
(1) FULL NAME <i>Oliver Cromwell Brink</i>	(14) NAME BEFORE MARRIAGE <i>Mary Judy</i>	(15) PRESENT RESIDENCE OF MOTHER <i>Mullins S.C.</i>	(16) COLOR <i>W</i>
(2) PRESENT RESIDENCE OF FATHER <i>Mullins S.C.</i>	(17) AGE AT LAST BIRTHDAY <i>20</i>	(18) BIRTHPLACE <i>Pickens County.</i>	(19) OCCUPATION <i>House Wife</i>
(3) SEX <i>W.</i>	(11) AGE AT LAST BIRTHDAY <i>25</i>	(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH <i>2</i>	
(4) BIRTHPLACE <i>Marion County</i>			
(5) OCCUPATION <i>Farmer.</i>			
(6) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH <i>2</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *2 P.M.* on the date above stated.(2) (Signature) *Frank L. Martin*
(3) State whether Physician or Midwife *Physician* (4) Address of Physician or Midwife *Mullins S.C.*

Have name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 2 is signed by mark) *P-76 73*
(6) Signed *P-76 73* (7) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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